

Overview of the Maryland Patient Centered Medical Home Learning Collaborative

The MHCC will conduct a Learning Collaborative program with the University of Maryland School of Medicine and Department of Family Medicine and Johns Hopkins Medicine supported by a seasoned team of practice coaches to facilitate individual practices movement through the PCMH implementation.

Key Objectives of the Program include:

- Transforming the practices in delivering PCMH care;
- Assisting the practices in meeting NCQA PPC-PCMH requirements;
- Linking with other improvement programs that the practice may use, including TransforMed and the American College of Physicians' ACP Medical Home Builder;
- Providing an opportunity for practices to learn by working with other primary care practices;
- Providing specialized support from designated practice coaches (if requested)
- Supporting the measurement of clinical and fiscal outcomes of the MHCC PCMH pilot project with MHCC and the PCMH Evaluation team.

KEY INDIVIDUALS:

Health IT Consultant: A vendor endorsed by the Chesapeake Regional Information System for Our Patients (CRISP), the State's health information exchange organization, will assist practices that have not implemented an EHR with selection and implementation issues

Practice Champion: Provider who assumes leadership role in the practice for engaging practice team members in the evolution to a PCMH.

Practice Coach: An individual external to the practice that assists in developing the transformation plan and resolves the practice's challenges as it moves toward becoming a PCMH. An experienced coach will have advise between 15-20 practices.

Practice Redesign Team: The practice champion and engaged providers, one or more motivated middle-level and administrative staff.

The learning collaborative staff and practices will identify and systematically address challenges of PCMH implementation unique to each primary care practice. The staff and the practice coach will help each practice champion conduct a preliminary assessment that will identify initial steps needed and identify who should serve of the Practice redesign teams. The initial assessment will establish the level of external resources needed to be successful in the program. It will identify organizational, clinical, administrative, and information technology challenges that must be met. The Practice Redesign Team will serve as the operational entity for leading the practice through NCQA recognition, PCMH implementation, and operation. Practice Redesign Teams will attend regional and statewide meetings of the learning collaborative. Seasoned redesign teams (from NCQA Level III practices) may be asked to comment on other practices' challenges or issues, if these other practices agree. The practice coach will directly work with the practice to meet NCQA requirements for PCMH recognition, MHCC standards, and PCMH operational issues.